
The Fundamentals of Human Vulnerability

Embodiment and Interrelationality

You never stop feeling sorrow for your children. . . . The one that was most painful was my eight month old girl who was still nursing. I felt my breasts full of milk, and I wept bitterly. . . . Today I can tell the story, but in that moment I was not able to; I had such a knot and a pain in my heart that I couldn't even speak. All I could do was bend over and cry.

~ Rufina Amaya, sole eyewitness survivor of the Salvadoran massacre at El Mozote in which she lost four children¹

. . . she was so beautiful. . . . Yeah, like, she's very, very, um. She's special. I don't know. She, 'cos because she, she brought out a hell of a lot of love in people. People could look at her and say, oh she's lovely. She brought out a hell of a lot of love out of people.

~ Sam, working-class British mother, commenting on her young daughter²

1. Rufina Amaya et al., *Luciernagas en El Mozote* (San Salvador, El Salvador: Ediciones Museo de la Palabra, 1996), 20.

2. Val Gillies, *Marginalized Mothers: Exploring Working-class Experiences of Parenting* (New York: Routledge, 2007), 119.

In all of their diversity, mothers throughout history and across markers of racial, socio-economic, cultural, and sexual difference have experienced and embodied in their very flesh the stark contradictions of the human condition. Existence in this world of ours encompasses life and death, joy and grief, love and loss, harmony and conflict, creativity and confusion. This “coincidence of opposites”³ endemic to human life is part and parcel of what Wendy Farley calls “the tragic structure” of finite existence, in which “the very structures that make human existence possible make us subject to the destructive power of suffering.”⁴ Women’s diverse experiences of maternity and natality, suffused as they are with painful ambiguities, provide particularly powerful icons⁵ of our tragic condition and the inevitability of vulnerability that it entails.

In this chapter and the one that follows, I argue that the dual realities of maternity and natality, the matrix in which we all have our origins, point to several defining characteristics of human existence: finite embodiment, relational interdependence, perishing, and ambiguity. Borrowing a term from Edward Schillebeeckx, I call these dimensions of human life “anthropological constants”—that is, constitutive conditions of human existence across culture, time, and space.⁶ Like Schillebeeckx, I argue that there are certain dimensions

3. Cf. Nicholas of Cusa, “On the Vision of God,” in *Selected Spiritual Writings* (Mahwah, NJ: Paulist, 1997).

4. Wendy Farley, *Tragic Vision and Divine Compassion: A Contemporary Theodicy* (Louisville: Westminster John Knox, 1990), 31.

5. Thanks goes to my colleague Christina Conroy for suggesting this term to describe the work that maternal experience is doing in this chapter (and part 1 as a whole). I am using “icon” analogously, of course, since what I am trying to do is paint pictures of various maternal experiences that point to truths about the human condition (much in the same way that religious icons point to a truth or reality beyond themselves).

6. Edward Schillebeeckx, *Christ: The Experience of Jesus as Lord* (New York: Crossroad, 1980), 733. My anthropological constants are not based on those laid out by Schillebeeckx, but they do overlap with his (cf. 734ff.): 1) corporeality and a relationship with nature and the ecological environment; 2) personal relationality; 3) social and institutional relationality; 4) cultural conditioning; 5) a relationship between theory and practice; 6) religious and “para-religious” consciousness; and 7) the irreducible synthesis of the preceding six dimensions.

of the human condition that are inherent to being human and therefore must be honored as the system of coordinates within which human beings experience redemption. The features of being human that I highlight here make up the conditions for the possibility of life itself, and of experiencing grace as healing, love, and joy in human life. Unlike Schillebeeckx, however, I assert that each of these anthropological constants is also a source of our inherent exposure to the ever-present possibility of harm. I stress that human happiness—understood in the Aristotelian sense of *eudaimonia*, or flourishing—is only possible working within the confines of our vulnerable condition. This renders our earthly *telos* contingent and vulnerable to destruction. In other words, however much Christians hope for healing and fulfillment beyond this veil of tears, human flourishing in the here and now is a fragile and fortunate and limited experience—a “lucky pane of glass”⁷ that is all too easily shattered.

An analysis of motherhood and the human condition might begin differently. It might begin by insisting, as liberation and feminist theorists rightly do, that vulnerability—maternal or otherwise—and the suffering it entails are not inevitable features of the human condition. For example, the suffering of a woman like Rufina Amaya, whose maternal grief is highlighted in the epigraph to this chapter, is not an outcome of the universal frailty of human life, but rather the direct result of social and economic structures that privilege an elite minority who will stop at nothing (not even bayoneting babies) to maintain their positions of power. At the same time, the pride and affection with which Sam regards her child is not a “natural” occurrence rooted in biological destiny. Rather, it is a socially constructed phenomenon that can serve to uphold the patriarchal institution of motherhood. Adrienne Rich makes this very objection

7. Carol Shields, *Unless: A Novel* (New York: Fourth Estate, 2002), 1.

to understanding maternal affection and affliction as simply part of the human condition:

But, it will be said, this is the human condition, this interpenetration of pain and pleasure, frustration and fulfillment. I might have told myself the same thing, fifteen or eighteen years ago. But the patriarchal institution of motherhood is not the “human condition” any more than rape, prostitution, and slavery are. (Those who speak largely of the human condition are usually those most exempt from its oppressions—whether of sex, race, or servitude.)⁸

As a feminist theologian whose theological roots run deep in the soil of liberation theology, I share the conviction that forms of vulnerability resulting from oppression, violence, and injustice are by no means a direct or necessary result of universal human vulnerability. The ways in which we have organized social, economic, political, cultural, sexual, and family life are profoundly unjust and should never be justified as a natural outcome of the human condition. To do so, especially in the realm of theology, would be to resacralize an unjust world order that liberationists and feminists have toiled so hard to unmask as an idolatrous and unnecessary social construction. Suffering is not the divine will and the world *need not be* organized according to the laws of raw power, domination, and violence. As human beings we are free, and even obligated, to struggle for a change in the world order.

What liberationist and feminist approaches can tend to overlook, however, is the liberating potential of analyzing the root causes of suffering located deep in the human condition itself. In these first two chapters, I go deeper than a social critique of oppression will allow (however necessary such critique may be), and uncover the structures of human existence—the anthropological constants—that

8. Adrienne Rich, *Of Woman Born: Motherhood as Institution and Experience* (New York: W. W. Norton, 1976), 33.

a priori render us vulnerable to suffering. There are features of our condition that are essential to human being in the world, and indeed are essential to the pursuit of human happiness. But these same dimensions of our existence expose us to a broad spectrum of suffering, from discomfort to pain to horrors, degradation, and ultimately death. In chapters 3 and 4 it will become clear that our inability to cope with our vulnerable condition and the suffering it entails both arises from and exacerbates the problem, since we often violate the vulnerability of others and ourselves in an attempt to deny, scapegoat, project, and protect ourselves from our own vulnerability to suffering.

In what follows, I draw on women's diverse experiences of maternity and natality in order to lay out the anthropological constants that result in human vulnerability, defined here as the ever-present possibility of harm, pain, and suffering. I proceed with trepidation, given the dangers of positing anything universal about human nature. But I also proceed with confidence in the importance of the maternal perspectives that will be my guide and main resource in this anthropological endeavor. The maternal has been simultaneously revered and feared in Western thought and culture due to both its awesome creative power and its perilous proximity to the vulnerability that plagues our condition.⁹ I do not intend to reinscribe forms of gender essentialism that identify women's nature with motherhood or motherhood with vulnerability. Rather, I posit that mothers' lives have historically, empirically, been so vulnerable—due to the interaction of biology and social

9. Cf. Julia Kristeva's analysis of maternal abjection in *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982). Cf. also Adrienne Rich's chapter on "The Domestication of Motherhood," in *Of Woman Born*; Rosemary Radford Ruether, *Sexism and Godtalk: Toward a Feminist Theology* (Boston: Beacon, 1983); Grace Jantzen, *Becoming Divine: Towards a Feminist Philosophy of Religion* (Bloomington: Indiana University Press, 1999); and Catherine Keller, *Face of the Deep: A Theology of Becoming* (New York: Routledge, 2003).

imposition—that their own varied experiences of suffering and their diverse perspectives on the vulnerability of natal life can provide us with privileged clues regarding the universality of vulnerability in the human condition as a whole.

The in-depth description and analysis of human vulnerability that I offer here is more anthropological than theological. That is, I do not use explicitly Christian categories or metaphors such as sin, bondage, or woundedness to describe our condition. Nor do I attempt to rationalize why a benevolent and omnipotent God would choose to create a world in which evil and suffering are not only possibilities but inevitabilities. Rather, I take it for granted, in the words of Marilyn McCord Adams, that “*God has created us radically vulnerable to horrors, by creating us as embodied persons, personal animals, enmattered spirits in a material world of real or apparent scarcity such as this.*”¹⁰ In an attempt to unpack the anthropological reality behind this statement, I argue that the anthropological constants of existence in this world inexorably expose us to the unavoidable possibility of harm. This detailed examination of the human condition will lay the necessary groundwork for the theological and practical reflections on suffering and redemption to follow in parts 2 and 3. Taking account of the human condition exposes the problem to which Christianity must respond with theological and practical assets for resilience and resistance. Before we can begin to understand those assets, however, we need a clearer picture of the predicament they are intended to address. It is to that predicament—the fragility of the human condition and, ultimately, of human happiness—that we now turn, with experiences of maternity and natality to light the way.

10. Marilyn McCord Adams, *Christ and Horrors: The Coherence of Christology* (Cambridge: Cambridge University Press, 2006), 37. Italics in the original text. See also *Horrendous Evils and the Goodness of God* (Ithaca, NY: Cornell University Press, 1999).

Finite Embodiment: Vulnerability to Physical Harm

It's a personal plague, this illness, this childbearing. . . . I wonder how it will be for me: if what's inside me is a source of grief and trouble, how will I survive? What might happen? That's what comes to me now. . . . Maybe I'll die. Or maybe I'll live. How will it be? What will happen to me? That's what comes to me now; that's what's in this heart-and-mind of mine. . . . my heart-and-mind hurts! I hurt and a crying need overcomes me and then I cry. I cry.

~Nepali woman in her ninth month of pregnancy with her third child¹¹

The female reproductive system does not destine women to a life of childbearing, but women who desire to bear children (“successful” or not) and women who do bear children (by “choice” or not) are subject to the possibility of unique and frightening forms of suffering, up to and including death. The fetal and natal bodies of their children are also vulnerable to a whole host of possible harms, from genetic disorders to negative effects of environmental toxins to miscarriage, stillbirth, and infant/early childhood death. Focusing our attention on the vulnerability of maternal and natal embodiment reveals the first anthropological constant: embodiment. The embodied nature of maternity and natality reminds us of our own fragile origins, as well as our continued exposure to bodily harm, suffering, and, ultimately, our unavoidable mortality. Engaging maternal and natal embodiment can put us in touch with the fact that, in Farley’s words, “[e]mbodiment in a natural, material world may be the most basic feature of human life, but it subjects human beings to an assortment of dangers and suffering.”¹² The maternal has been feared and reviled in large part because of its connection with the dangers and suffering of embodiment. The time is ripe to face our anxiety with a realistic

11. Kathryn S. March, “Childbirth with Fear,” in *Mothers and Children: Feminist Analyses and Personal Narratives*, ed. Susan E. Chase and Mary Frances Rogers (New Brunswick, NJ: Rutgers University Press, 2001), 170.

12. Farley, *Tragic Vision and Divine Compassion*, 33.

account of just how vulnerable we—and all of our fellow human beings—are as finite, embodied creatures.

Kathryn S. March, a feminist anthropologist who studies the lives of rural Nepali women and who herself has suffered infertility and pregnancy loss, writes in her narrative, “Childbirth with Fear,” that “[i]n childbearing, whether from the charged perspective of modern professional women or from distant rural lifeways, bad things will happen to many of us, whether or not we are brave.”¹³ Due to vast social inequalities that result in unequal access to pre- and post-natal care and modern medical technology, many more bad things are likely to happen to most of the world’s women than to the minority of us who enjoy the protections of privilege. However, the fact remains that women’s pregnant and post-partum bodies expose them (and their babies) to the possibility of a vast array of risks, including severe discomfort, pain, illness, disability, and even death. Even under the best of circumstances, where medical interventions are readily available, it is impossible to fully control the outcome of pregnancy for mothers or their children.

For example, pregnancy renders the maternal body subject to a variety of ailments, from relatively minor discomforts such as morning sickness and exhaustion to life-threatening conditions such as ectopic pregnancy and preeclampsia.¹⁴ The complications involved

13. March, “Childbirth with Fear,” 173.

14. An ectopic pregnancy (EP) occurs when the embryo implants outside the uterus, usually in the fallopian tubes and, in rare cases, in the abdominal cavity. EP always results in the death of the embryo, and can also cause maternal death without timely surgical intervention. According to the World Health Organization, “During the first three months of pregnancy, EP is the leading cause of maternal death in industrialized countries, and possibly the second most frequent cause in developing countries (after abortion complications).” Patrick Thonneau et al., “Ectopic Pregnancy in Conakry, Guinea,” in *Bulletin of the World Health Organization* 80, no. 5 (2002), http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862002000500006.

Preeclampsia is a complication occurring in the second half of pregnancy that is characterized by high blood pressure and problems with the kidneys and other organs. Complications of preeclampsia include eclampsia, which involves seizures that, untreated, can lead to coma, brain damage, and maternal and/or fetal death. Eclampsia is the third leading cause of maternal

in childbirth can be even more devastating. There is, of course, a great deal of pain involved in even the most ideal of birthing stories. However, childbirth can also result in deadly complications such as severe bleeding (hemorrhage), infection, and obstructed labor.¹⁵ They do not always end in death, but can result in what some women refer to as a “living death.” For example, obstetric fistula is a consequence of obstructed labor that occurs most frequently in young women and girls whose bodies are biologically mature enough to become pregnant, but are still anatomically unsuited to give birth.¹⁶ It is characterized by a tear from the birth canal to the rectum and/or urinary tract, with the tragic result of incontinence.

Consider the testimony of Kenyan woman Kwamboka W., who became pregnant at 13, suffered a prolonged labor, lost her baby during childbirth, and has ever since experienced the living death of fistula:

When I went home, I was so traumatized. I had never heard of this thing [fistula] before. I thought it was only me with it. I thought I should kill myself. You can't walk with people. They laugh at you. You can't travel, you are constantly in pain. It is so uncomfortable when you sleep. You go near people and they say urine smells and they are looking directly at you and talking in low tones; it hurt so much I thought I should die. You can't work because you are in pain; you are always wet and washing clothes. Your work is just washing pieces of rags. It is difficult to walk. You feel like your thighs are on fire. You cannot eat comfortably because you fear the urine will be too much. I cannot get into a relationship with a man because I feel embarrassed because I have so much urine coming out. My mother tells me, “you can't get married;

mortality worldwide. These are just two of many health problems that women can potentially face during pregnancy.

15. Together, these complications cause nearly 50 percent of maternal deaths worldwide. Cf. World Health Organization, “Maternal Mortality,” http://www.who.int/making_pregnancy_safer/topics/maternal_mortality/en/.
16. For an excellent theological analysis of fistula, see Colleen Carpenter Cullinan's article, “In Pain and Sorrow: Childbirth, Incarnation, and the Suffering of Women,” *Cross Currents* (Spring 2008): 95–107.

how can you go to someone's home when you are like this? They will despise you." I pity myself so much. My biggest fear is that I may never get a child. I look at my age-mates who are married with children and I feel so worthless.¹⁷

The case of obstetric fistula is a testament to the vulnerable nature of finite human embodiment. Our bodies can cause us immense amounts of physical suffering. Though medical interventions can reduce the incidence and impact of pain and pregnancy/perinatal problems, the pregnant and birthing body—indeed, the human body in general—is impossible to control and its fragility exposes human beings to not only physical, but social and psychological death as well.

A consideration of the risks to the embryonic, fetal, and natal body offers an even more telling account of human vulnerability than the dangers faced by the maternal body. We don't often stop to think that each of us began our lives as a fertilized egg, then an embryo, a fetus, and a newly born infant. Many risks to the pregnant and birthing maternal body listed above are also dangers for the embryonic and fetal body—major complications that threaten the life of the mother often also threaten the life of the child. However, the health and well-being of embryos, fetuses, and newborn babies is even more fragile than that of their mothers due to the extreme biophysical and neurological vulnerability present at the beginnings of life. Several factors contribute to this vulnerability.

First, DNA—the genetic template for life, growth, and functionality—is itself a vulnerable entity. With each new life, there is a small chance that one or more genes or chromosomes might be missing, mutated, or overproduced, either spontaneously or due to genetic inheritance.¹⁸ Second, fetal outcomes are influenced heavily

17. Human Rights Watch, "I Am Not Dead, But I Am Not Living: Barriers to Fistula Prevention and Treatment in Kenya," 2010, <http://www.hrw.org/node/91514>.

by maternal nutrition. Maternal malnutrition can cause low birth weight, which is linked in turn to a weak immune system, slower development, poor vision and coordination, and learning difficulties later in life. The placenta is an amazing organ, but it can only work with what the maternal body offers.¹⁹ Third, certain maternal infections can pass through the placenta to the fetus and can cause fetal complications, including miscarriage or stillbirth.²⁰ Because of the acute vulnerability present in the developing stages of fetal life, infections that would present very few problems for healthy adults can be devastating and even deadly for unborn children. Fourth, chemicals present in environmental toxins, over-the-counter medications, licit and illicit controlled substances, alcohol, and tobacco products can pass through the placenta and cause harm to the developing fetus.²¹ Maternal exposure to mercury, for example, can cause impaired neurological development in the fetus due to the more vulnerable nature of the developing fetal nervous system.²² Even the

18. Some miscarriages in early pregnancy are thought to be caused by genetic anomalies that render the embryo or fetus nonviable. Other genetic mutations (there are millions of possibilities!) may cause physical disabilities, diseases, and disorders either at birth or later in life. Some children born with genetic disorders lead full and healthy lives. Others do not live past infancy and still others remain at the developmental level of an infant (if that). Others suffer pain and illness throughout their lives.
19. Maternal malnutrition also increases the risk of major pregnancy and childbirth complications that can result in premature delivery and birth defects. Even among women whose caloric intake is high, the absence of certain nutrients, such as folic acid, can increase the chances of neural tube defects (e.g., anencephaly).
20. For example, listeriosis, caused by a eating foods contaminated with a bacteria called listeria, can result in miscarriage or stillbirth. Cytomegalovirus, a common virus that is often asymptomatic in children and adults, can cause both temporary problems (e.g., liver, spleen, or lung problems) and/or permanent disabilities (e.g., hearing or vision loss, mental disability, seizures, and even death) when babies are exposed to the virus *in utero*.
21. These substances can also contaminate breast milk and cause adverse effects in nursing babies. In her memoir, *Having Faith: An Ecologist's Journey to Motherhood*, ecologist and mother Sandra Steingraber writes eloquently and devastatingly of the threat posed by environmental toxins at each stage of fetal and infant development. According to Steingraber, the placenta has a remarkable capability for blocking harmful substances, but "small, neutrally charged molecules that readily dissolve in fat are afforded free passage [through the placenta to the fetus] regardless of their capacity for harm." Sandra Steingraber, *Having Faith: An Ecologist's Journey to Motherhood* (Cambridge, MA: Perseus, 2001), 34.

defenses of the miraculous placenta do not offer failsafe protection for fetal life. As Sandra Steingraber observes, “[T]he placenta not only fails to keep the fetus out of harm’s way, it cannot even prevent itself from being damaged. Like any other living tissue, it is fragile.”²³

The fragility of new life by no means ends with the fetal period. Childbirth itself is of course perilous for the child, as we saw in the reference to labor complications above. And the natal body of an infant continues to be threatened by genetics, lack of proper nourishment, and exposure to harmful infections and toxins. Take nourishment, for example. We all need food to survive, and infants generally make their desire for milk forcefully and vociferously known, around the clock and with reason—hunger causes infants pain. This is a good thing because, aside from their affective allure, their incessant demand for food is their only means of protecting themselves from death by starvation and other threatening effects of malnourishment. Infants who do not receive proper sustenance suffer from stunted growth, learning problems, and lower IQ levels, poor immunity, and death. As we will see in the next section, the caregiver’s (usually the mother’s) own vulnerability is heightened by this dependence of the infant on her for nourishment and other aspects of care.

Though maternal, fetal, and natal bodies face heightened and unique risks to their health, well-being, and existence, their vulnerability points to the universal human vulnerability that arises

22. In addition to cognitive impacts, the United States Environmental Protection Agency reports that further effects of fetal mercury exposure can include impairment of “memory, attention, language, and fine motor and visual spatial skills.” Many over-the-counter, prescription, and illegal drugs also contain chemicals that can pose similar threats to the developing fetus. Nicotine actually damages the placenta itself, impairing its amino acid transport system and thus resulting in low-birth-weight babies. It also passes into the body of the fetus, causing impairment of mental and physical development, among other harmful effects. U.S. Environmental Protection Agency, “Mercury: Health Effects,” <http://www.epa.gov/hg/effects.htm>.

23. Steingraber, *Having Faith*, 35.

from the anthropological constant of embodiment. Fetal and natal bodies in particular remind us that we all begin our lives in circumstances of extreme biological, neurological, and physical vulnerability. Our bodily lives are all utterly contingent, reliant on a constellation of luck, genetics, and environmental factors. This is our condition when we enter this world and, though our exposure to harm may lessen as we grow, it continues to be our condition throughout childhood, into adulthood, old age, and death. At any moment, our bodies might fail us due to illness, or they might be attacked by any number of external agents, from bacteria to toxic chemicals to eighteen-wheelers on the interstate to other human beings with murderous intent. Our bodies are vulnerable to all of these factors beyond its control, and more.

The reason that our bodies are so vulnerable is that part of the nature of embodiment is receptivity. No body is an island. All bodies—and here I include molecular, chemical, cellular, biological, animal, and human bodies—are naturally and necessarily receptive to other bodies in some way, shape, or form. This means that all bodies are affected by their interactions with other bodies (either positively or negatively) and this makes all bodies vulnerable to harm or even destruction by other bodies. Human bodies all originate in a relationship of mutual receptivity that takes place within the bodies of our mothers. Without such receptivity, we would not even exist. But our inherent openness to influence by other bodies also means that we are exposed to the bad things that can happen when other bodies conflict in some way with our own. The maternal body is receptive to the embryo and growing fetus and is thus vulnerable to the harmful effects of the child on her body during pregnancy and childbirth. Even more so, the embryonic/fetal body is receptive to the maternal body, along with many other bodies (DNA, viral, bacterial, chemical, and so on) to which the mother herself is receptive. Our

inherent openness to other bodies renders us vulnerable, and this is heightened in the ultra-receptive times of conception, gestation, childbirth, and infancy. But this vulnerability continues throughout our lives. All human bodies are receptive to other bodies and thus vulnerable to harm.

What makes matters worse for sentient bodies is pain. Human bodies are endowed with sentience and thus we intimately, vividly, and often painfully feel the effects of other bodies on our own. Kwamboka agonized through two traumatic days of labor. She now suffers so greatly from her fistula and resultant incontinence because tender bodily tissues are exposed and the constant flow of urine burns her genitals and inner thighs. Not only has her body been mutilated; as a sentient being, she feels the pain of the damage that has been done. And pain, especially traumatic pain—either isolated or prolonged—has lasting effects on our bodies and our bodily response to stimuli in the world. Jill Stamm, a mother and expert on infant brain development, relates that her premature daughter had a feeding tube inserted down her throat without anesthetic. Naturally, she worried about the pain but was reassured by doctors that the baby would not remember it. Stamm suspected that they were wrong. Twenty years later, neuroscientists discovered that such experiences of trauma directly affect the formation of early brain structures and do “in fact play a significant role in the later development of all other regions of the brain.”²⁴ Similarly, children who are physically or sexually abused can also suffer long-term neurological consequences due to the bodily harm inflicted on them, even if the abuse ends at an early age.²⁵ Our bodies are vulnerable to harm, but our nature as

24. Jill Stamm, *Bright from the Start: The Simple, Science-Backed Way to Nurture Your Child's Developing Mind from Birth to Age 3* (New York: Gotham, 2007), 4.

25. According to the U.S. Department of Health and Human Services' Administration for Children and Families, “[C]hildren who experience the stress of abuse will focus their brains' resources on survival and responding to threats in their environment. This chronic stimulation of the

sentient beings means that we are also vulnerable to the pain that harm can cause. And that pain is often not momentary. It can have lasting effects that are devastating to our health and well-being.

As if sentience were not enough, human bodies have evolved to attain consciousness. Not only do we feel physical pain, we are aware of our feeling of pain along with the responses of others to our pain. Kwamboka is not a walking nervous system that is vulnerable only to painful physical stimuli. She is also a reflective human being who worries about the effect of her pain on her prospects in life and her relationships with others. The Nepali woman whose reflections prefaced this section on embodiment has experienced the pain of childbirth before, and she is aware of the terrible things that can happen to her and her baby. Not only her body, but her “heart-and-mind hurts.” Such is the nature of this first anthropological constant. Sentient, conscious embodiment in a world composed of other bodies binds us together in relationships of vulnerability and interdependence. It is to the vulnerability brought about by relationships of interdependence that we now turn.

(Inter)dependence: Vulnerability to Relational Suffering

Walking. Walking. Walking. Rocking her while her cries fill me. They rise like water. A part of me has been formed and released and set upon the earth to wail. Her cries are painful to me, physically hard to take. Her cries hurt my temples, my breasts. I often cry along if I cannot comfort her. What else is there to do?

~Louise Erdrich, Native American author and mother²⁶

brain's fear response means that the regions of the brain involved in this response are frequently activated. Other regions of the brain, such as those involved in complex thought and abstract cognition, are less frequently activated, and the child becomes less competent at processing this type of information.” Child Welfare Information Gateway, “Understanding the Effects of Maltreatment on Brain Development,” 2009, http://www.childwelfare.gov/pubs/issue_briefs/brain_development/effects.cfm.

26. Louise Erdrich, *The Blue Jay's Dance: A Birth Year* (New York: HarperCollins, 1995), 63–64.